

Optional Form 236 (Formerly FS-546) (3-75) REQUEST FOR TRANSFER OF VISA FILE	DEPT. OF STATE	Priority Date:		
		Visa Category:		
		Case Number:		
FULL NAMES (Please print)	DATE OF BIRTH (Mo., Day, Yr.)			
PLACE OF BIRTH (City, or Town, Province, Country)				
VISA RECORD TO BE TRANSFERRED				
FROM	TO			
I hereby request at my own risk the transfer of my visa record and agree to assume full responsibility for any loss or other damage that may result from the transfer of any original or irreplaceable documents in my file.				
SIGNATURE: _____				
PRESENT ADDRESS: _____				

50236-101	U.S. GPO:1986-248/40043			